

Shady Oak Veterinary Clinic Urinalysis Form

Today's Date: _____

Pet's Name: _____ Owner's Name: _____

Collection Time: _____ First morning specimen? Yes ___ No ___

Collection Method: Free catch container ___ Floor ___ Other _____

Why are we checking a urine sample today? _____

Questions	Yes	No	Comments
Having Accidents?			
Frequently asking to go outside?			
Blood in Urine?			
Change in drinking habits?			
Has your pet had a urinary tract infection before?			
Has there been any discharge from vulva/penis?			
Has your pet had an increase in cleaning/licking their vulva/penis?			

How long have you been noticing these symptoms? _____

What phone number should we call you at with the results? _____